

# NH BUILDING CAPACITY FOR TRANSFORMATION SECTION 1115 WAIVER DEMONSTRATION

## SECTION 1115 QUARTERLY REPORT

**Demonstration/Quarterly  
Reporting Period:**

Annual Report October 2018

### **I. Present information describing the goal of the demonstration, what it does, and the status of key dates of approval/operation.**

The goals of this DSRIP demonstration are: to build behavioral health care capacity; promote integration of physical and behavioral health care and substance use disorders across New Hampshire. The goals of this DSRIP demonstration are; to build behavioral health care capacity; promote integration of physical and behavioral healthcare and improve care transitions that are implicated by behavioral health care needs. The demonstration seeks to achieve these goals by providing funding to providers for organizing themselves into regional networks of providers that can address the full spectrum of needs with which someone with behavioral health care needs may present.

Semi-annual reports were submitted in July. DHHS is in the final stage of the mid-year review process. The IDNs continue to make measurable progress across the state. IDN specific project descriptions, funding schedule, Geo-map, and progress updates are included below.

Funding methodology continues to evolve in support of the infrastructure development related to the demonstration waiver.

IDN's will complete the transition from process based incentive payments to performance based incentive payments in January 2019. Provider partners have made continued progress relative to the required reporting of metrics through the statewide aggregator. Early adopters within each IDN region lead the way in pilot testing allowing provider partners within each IDN to benefit from lessons learned.

### **II. Integrated Delivery Network (IDN) Attribution and Delivery System Reform Information**

#### **1: Trends and any issues related to care, quality of care, care integration and health outcomes.**

The IDNs report progress in the integration of primary care, behavioral health and community services resulting in a person centered care plan for individuals participating in the waiver. Several practices are reporting improvements in the quality of care delivery due to the use of a common, shared person-centered

care plan and event notification for admissions, discharges and transfers, which has been combined with training, protocols and workflows. With the continued rollout of these automated solutions, it is expected that quality of care, care integration and health outcomes will continue to improve.

Workforce recruitment and retention of properly credentialed individuals continues to be a challenge to the partners continued movement through the SAMHSA Coordinated Care Practice designation. Several IDNs are offering recruitment incentives, scholarships, and State Loan Repayment funding. However, there continue to be many vacancies in the participating provider practices across New Hampshire.

IDNs continue to offer training opportunities to their partners which include; Mental Health First Aid, Co-occurring Disorder, Diabetes, Dyslipidemia, Hypertension and Substance Use Disorder trainings. Several of the IDNs continue to collaborate on training opportunities which provides a reduction in cost as well as providing uniform dissemination of information across multiple regions. IDNs have also engaged with the NH Bureau of Drug and Alcohol Services to provide Addiction 101 trainings. Refresher courses on privacy and data sharing, as well as management and supervision, are strategies the IDN's are embracing to support these workforce challenges.

Privacy issues continue to be a key challenge for the IDNs in the rollout of the Shared Care Plan and Event Notification System due to the requirements surrounding the sharing of information relative to 42 CFR Part 2 as well as local statutory requirements protecting mental health data. SUD related information is prohibited without the explicit written consent which requires the standardization and agreement of protocols across provider partners for the purpose of care coordination. IDNs still continue to report positive outcomes from partners who are piloting integrated care projects. These partners are reporting a significant decrease in ED visits due to the appropriate care coordination for the individuals who have signed informed consents. Collective Medical is the Shared Care Plan and Event Notification Service selected by 6 of the 7 IDN's and as of this report

The development of standardized workflows and protocols continues to be challenging across all regions. Partners are hesitant to incorporate additional technology to their already overburdened staff without proven efficiencies or value propositions. Several of the IDNs have opted to provide "toolkits" which contain sample workflows and protocols which providers can adopt or alter to suit their needs. Trainings on the workflows are beginning to ensure the partners are incorporating the required domains.

**Two abbreviated case examples illustrate the outcomes of successful assessment, referral, linkage and care coordination.**

#### **Case Example #1 – Client 1**

##### **Integrated Care – Integration Enhancement Project**

Client 1 presented through the REAP program (Referral, Education, Assistance and Prevention Program for Older Adults and their Caregivers) in late August with multiple complex needs including mental health and alcohol use, involuntary admission to the Cypress Center designated receiving facility, poor physical health, discovery of cognitive decline that was probably masked by, or related to alcohol use and little to no social/family supports. Client 1 was facing immediate eviction and exhibited behavior that indicated they may be at risk of harm to themselves.

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Network for Health (IDN 4) partners (MHCGM (REAP, ES, MCRT, Cypress Center, Integrated Treatment Team, North End Counseling), New Horizons, Manchester Community Health Center, Elliot Hospital, CMC, The Way Home, Manchester Housing, and DHHS) followed through with client 1's care which, to date, have resulted in the following:

Client 1 is in recovery and has been for almost 4 months, attends regular PCP appointments, has a number of at-home and community supports in place, has not expressed any signs of self-harm for almost 4 months, is happy to be where they are and is thankful to all the people who have helped.

This case demonstrates the consistent compassion and caring shown to client 1 all along the way by the IDN partners. Through the REAP worker's ability to identify risks, to ITT staff efforts, to the strong community partnerships, and to the amazing collaboration between the MHCGM departments, client 1 has made remarkable progress in their recovery.

### **Case Example #2 – Client 2**

Client 2 presented through a referral from a partner hospital. Prior to their hospitalization, their partner and roommate died by suicide in their shared apartment. Client 2 struggled with their own suicidal ideation and went to their local Emergency Department for help. Shortly after client 2 returned home, the grief from losing their partner was overwhelming and client 2 returned to the ED.

IDN 6 partners assisted Client 2 by referral to the Critical Time Intervention (CTI) team after two more hospitalizations. Case management worked with the client to help connect with the community mental health center by providing transportation to appointments and advocating for affordable medications. CTI case management coordinated with the IDN project to get the client into a treatment program. Due to the efforts of IDN 6 and their partners, the client has met with the prescribing psychiatrist and is in line for a therapist and a new functional support worker. Also, the client has stayed out of the ED for almost 2 months and has set goals to engage in treatment and counseling in order to return to work, utilizing their earned master's degree in computer science.

## **IDN by County and Public Health Network**

<b>IDN</b>	<b># Counties</b>	<b>Counties within the IDN Geographic Border</b>	<b>Public Health Network</b>
1	5	Cheshire, Grafton, Hillsborough, Merrimack, Sullivan	Greater Monadnock, Greater Sullivan County, Upper Valley
2	4	Hillsborough, Merrimack, Rockingham, Sullivan,	Capital Area
3	1	Hillsborough	Greater Nashua
4	3	Hillsborough, Merrimack, Rockingham	Greater Derry, Greater Manchester
5	3	Belknap, Grafton, Merrimack	Central NH, Winnepesaukee
6	2	Rockingham, Strafford	Strafford County, Seacoast
7	3	Carroll, Coos, Grafton	North Country RPHN, Carroll County RPHN

### **IDN 1**

#### **Project Descriptions**

##### **Project A2: HIT**

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

##### **Project B1: Integrated Healthcare**

- **Dartmouth Hitchcock, Heater Road and West Central Behavioral Health:**
  - Addressing coordination between providers, bidirectional integrated delivery, behavioral health services and alignment of care by providing a process for ensuring the safe and optimal transfer of information or coordination of vital services for patients engaged with both organizations.
- **Monadnock Family Services with the support from Cheshire Medical Center Primary Care:**
  - Developing bidirectional integration with embedded primary care services available at Monadnock Family Services for highest acuity patients.
- **Valley Regional Hospital Behavioral Health and Valley Region Primary Care Integration Project:**
  - Establish innovative and collaborative relationships with behavioral health providers and community partners; create effective and efficient procedures and workflows; and shift traditional thinking to embrace a multi-faceted approach to mental health and primary care integration.
- **Valley Regional Hospital and Counseling Associates:**
  - Piloting an embedded tele-psychiatry resource within the primary care setting as well as establishing a Psych APRN for medication management.

**Project C1: Care Transitions:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community.

- **Monadnock Family Services and the Monadnock Collaborative:**

- Providing Person Centered Planning services to high need individuals through the Critical Time Intervention Project.

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- **Alice Peck Day Memorial Hospital in partnership with the American Academy for Addiction Psychiatry:**

- Implementing Medication Assisted Treatment Services

- **Cheshire Medical Center and Dartmouth Hitchcock Keene:**

- Expanding Medication Assisted Treatment resources as well as address current barriers to effective prevention and treatment related to all controlled substances.

- **Dartmouth Hitchcock Perinatal Addiction Treatment Program in Lebanon:**

- Providing additional access to Intensive Outpatient Services by building on the existing infrastructure by providing higher intensity services and expanding the number of women served.

- **Project E1: Community Driven – Integration:** Individuals with severe mental illness (SMI) or serious emotional disturbances (SED) commonly experience obesity, tobacco addiction, and other risk factors for the development of diabetes, heart and blood vessel diseases, and cancers leading to high disease burden and early mortality. This project involves the implementation of wellness programs that address physical activity, eating habits, smoking addiction, and other social determinants of health for adolescents with SED and adults with SMI through evidence-informed interventions, health mentors/coaches. These programs are aimed at reducing risk factors and disease burden associated with co-morbid chronic diseases, as well as reductions in preventable hospitalizations and Emergency Room visits.

- **Piloting the enhanced Coordinated Care Self-Assessment to include Social Determinates of Health with closed loop referral to include:**

- Housing
- Financial Resource Strain
- Education
- Social Isolation
- Transportation
- Employment
- Legal Issues
- Interpersonal Safety

**IDN 1 FUNDING SCHEDULE**

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 2,816,620	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *800,806	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 2,000,403	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 2,000,403	Full payment approved pending receipt of CPE funding
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$ 2,000,403	
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 2,000,403	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 2,000,403	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 2,000,403	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 2,074,492	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 2,074,492	
		<b>\$ 19,768,828</b>	

\*Payment 2 - 2016 was originally expected to be \$949,175 but due to DSHP spending IDN's received 84% of the maximum funding this period

**IDN 1 PROJECT UPDATES****PROGRESS**

- **Number of participating providers**
  - Approximately 59 providers; 21 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 11.25 Full Time Equivalent positions have been filled.
- **Programs that have been expanded or enhanced**
  - The full Intensive Outpatient Program is underway in the region.
  - Expanded the Perinatal Addiction Treatment Program in Lebanon.
  - Expanding Medication Assisted Treatment at Dartmouth Hitchcock Memorial Hospital.
  - Alice Peck Day Memorial Hospital in partnership with the American Academy for Addiction Psychiatry is implementing Medication Assisted Treatment services.
  - Cheshire Medical Center and Dartmouth Hitchcock Keene will expand Medication Assisted Treatment resources as well as address current barriers to effective prevention and treatment related to all controlled substances.
  - The IDN continues to be actively involved in the following programs in the region:
    - All Together Substance Use Disorder Meeting in the Upper Valley

- The Governor’s Opioid and Other Drugs Commission Healthcare Taskforce
  - NH Commission on Primary Care
  - Insurance Department Advisory Board on Behavioral Health and Addiction
  - Clinical Trials Network
  - Involvement on the NH Bureau of Drug and Alcohol Services contract to expand Medication Assisted Treatment with the Center for Excellence
  - Dartmouth Hitchcock Substance Use Mental Health Integration Initiative
- **Programs that have been stood up**
- Cheshire Medical Center and Monadnock Family Services are implementing bi-directional integration through a co-located reverse integration Health Home Model.
  - Dartmouth Hitchcock and West Central Behavioral Health are piloting a fully integrated care coordination practice.
  - Valley Regional Hospital and Counseling Associates is piloting an embedded tele-psychiatry resource within the primary care setting as well as establishing a Psych APRN for medication management.
  - Monadnock Family Services, Monadnock Collaborative and Cheshire Medical Center/Dartmouth Hitchcock are the lead partners in efforts to combine Enhanced Care Coordination and Care Transitions.
  - Valley Regional Hospital is initiating the Enhanced Care Coordination program.
  - Piloting the enhanced Coordinated Care Self-Assessment to include Social Determinates of Health with closed loop referral to include:
    - Housing
    - Financial Resource Strain
    - Education
    - Social Isolation
    - Transportation
    - Employment
    - Legal Issues
    - Interpersonal Safety
- **Health Information Technology**
- Shared Care Plan Platform and Event Notification System: Contracted with Collective Medical Technologies
  - Data Aggregation Services: Contracted with Massachusetts eHealth Collaborative
  - Direct Secure Message Exchange: Contracted with Kno2
- **Workforce Expansion Efforts**
- Contracted with AHEC to providing and organize training opportunities
  - Implementing the Trailing Partners Program
  - Providing financial support for supervision of trainees
  - Supporting a more robust Loan Repayment Program
  - Developing a single-point behavioral health recruitment website
  - Re-evaluating salary and benefit standards

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- Providing Internship support
- Developing plans for hosting career fairs
- Partners are working together to develop a Collaborative Social Marketing Campaign to attract behavioral health workers to the region
- Developing a Behavioral Health Workforce Celebration
- Working with educators and community mental health providers regarding existing behavioral health competencies
- The Policy Subcommittee has made a request for legislative changes to:
  - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
  - SB 580 – Support B-State’s efforts to increase State Loan Repayment Funding
  - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2



## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

### Project B1: Integrated Healthcare

- **Dartmouth Hitchcock Concord** embedded an Integrated Behavioral Health Counselor to provide behavioral health services with the Primary Care Physician offices.
- **Integrated Center for Health at Riverbend** is a Primary Behavioral Health Care Integration site with a primary care physician embedded into the Riverbend location. Client care is coordinated by an Integrated Care Manager and a Nurse Care Coordinator
- **Concord Hospital Medical Group** will expand the co-located behavioral health services at select primary care practice sites.

**Project C2: Community Re-entry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues:** Research indicates that significant numbers of adults in correctional facilities and youth in juvenile justice residential facilities have diagnosed and undiagnosed mental illness and/or substance use disorders. Community re-entry is a time-limited program to assist those individuals with behavioral health conditions to safely transition back into community life. The program is initiated pre-discharge and continues for 12 months post discharge. The program's objectives are to: 1. Support adults and youth leaving the state prison, county facilities or juvenile justice residential facilities who have behavioral health issues (mental health and/or substance misuse or substance use disorders) in maintaining their health and recovery as they return to the community. 2. Prevent unnecessary hospitalizations and ED usage among these individuals by connecting them with integrated primary and behavioral health services, care coordination and social and family supports.

- **Riverbend Community Mental Health, Inc.** will provide behavioral health staff which includes a psychiatric nurse practitioner, a case manager, a master's level clinician and a licensed alcohol and drug counselor to improve care and health outcomes for justice-involved individuals and youth transitioning back into the community.
- **Sununu Youth Services Center** is developing internal transitions mechanisms and processes which will include RENEW (Rehabilitation for Empowerment, Natural Supports, Education, and Work) model and services through NAMI NH.
- **NH Department of Corrections and Merrimack County Department of Corrections Re-Entry Program** will engage with a Case Manager from Riverbend to develop a transition plan which includes identifying safe and sober housing, completion of in-jail intensive treatment, obtaining and maintaining a job or enrollment in educational/vocational program, practicing good self-care including sustaining recovery and completing a 12 month transition aftercare program.

**Project D1: Medication Assisted Treatment (MAT):** Implement evidence based programs combining behavioral and medication treatment for people with substance use disorders, with or without co-occurring chronic medical and/or mental health conditions. IDNs selecting this project will increase access to MAT programs through multiple settings, including primary care offices and clinics, specialty office-based ("stand

alone”) MAT programs, traditional addiction treatment programs, mental health treatment programs, and other settings. The goal is to successfully treat more individuals with substance use disorders, for some people struggling with addiction, help sustain recovery.

- **Choices at Concord Hospital** has expanded their Medication Assisted Treatment services.
- **Concord Medical Group Primary Care Practices** will receive training, mentoring and incentives for physicians interested in obtaining the X Waiver to support Medication Assisted Treatment services. Integrated Behavioral Health Clinicians provide care coordination and therapeutic interventions.
- **Dartmouth Hitchcock Concord Primary Care Practices** will receive training, mentoring and incentives for physicians interested in obtaining the X Waiver to support Medication Assisted Treatment services. Integrated Behavioral Health Clinicians will provide care coordination and therapeutic interventions and Enhanced Care Coordinators provide Wraparound Services.
- **Concord Medical Group OBGYN Practices** is providing Perinatal Addiction Treatment through a mobile team of Medication Assisted Treatment providers and a behavioral health clinician who provides care coordination and therapeutic interventions and Enhanced Care Coordinators provide Wraparound Services.
- **Dartmouth Hitchcock Concord OBGYN Practices** is providing Perinatal Addiction Treatment through a mobile team of Medication Assisted Treatment providers and a behavioral health clinician who provides care coordination and therapeutic interventions and Enhanced Care Coordinators provide Wraparound Services.

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual’s functional status, increase that individual’s capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

- **Riverbend Children’s Intervention Program** will provide services and make appropriate referrals to the Enhanced Care Coordinators that will provide NH Wraparound and RENEW services to at least 81 children/adolescents/young adults over the course of the project.
- **Concord Hospital Medical Group, NH Hospital, and Sununu Youth Services Center** will each partner with the ECC Project to identify, refer, and assist with transitions from facility to community for youth and families served.

**IDN 2 FUNDING SCHEDULE**

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 2,395,030	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *548,140	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 1,369,247	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 766,778 \$ 273,849	70% Process payment paid in May 2018(\$766,778) Performance Payment made in August 2018 (\$273,849) Set aside funds totaling \$328,619 to be paid when funds are available
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$	Payment amount pending available funds from County disbursement
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 1,369,247	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 1,369,247	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 1,369,247	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 1,419,959	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 1,419,959	

\*Payment 2 - 2016 was originally expected to be \$668,115 but due to DSHP spending IDN's received 84% of the maximum funding this period

## **IDN 2 Project Updates**

### **○ Number of participating providers**

Approximately 36 providers 20 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.

### **○ Number of staff hired**

- 25.40 Full Time Equivalent staff has been hired.

### **○ Programs that have specifically been expanded or enhanced**

- Expanded the Medication Assisted Treatment project into a HUB & SPOKE model which foundation is Concord Hospital's Program for Addictive Disorders which provides mentoring support to 10 Medication Assisted Treatment providers in the region.
- Placed 7.4 Full Time Equivalent Integrated Behavioral Health Counselors in 8 primary care practices:
  - Riverbend Integrated Center for Health
  - Family Health Center Concord/Hillsboro-Deering
  - Concord Family Medicine
  - Family Physicians of Pembroke
  - Penacook Family Physicians
  - Epsom Family Medicine
  - Pleasant Street Family Medicine
  - Family Tree Warner & Hopkinton
- Embedded Primary Care Providers (Advanced Practice Registered Nurse and Medical Assistant) into the Riverbend Integrated Center for Health.
- Hired an Integrated Care Manager to work with the Family Health Center.
- Merrimack County Department of Corrections Reentry Program participants receive assistance with Support Groups which are facilitated by Riverbend and designed to provide support at transition by delivering gender specific psycho-educational life skill and techniques on managing stressors.
- NH Department of Corrections Reentry Program participants receive assistance with an IDN Case Manager 14 weeks prior to release to provide Intensive Case Management services, connection to Substance Use Disorder support and services (Medication Assisted Treatment and Intensive Outpatient Program, counseling and group therapy), Mental Health Services (Assertive Community Treatment, Dialectical Behavior Therapy, Illness Management and Recovery, Integrated Dual Diagnosis Treatment, Cognitive Behavioral Therapy, Motivational Enhancement Therapy and Mental Illness), linkage to PC, Supported Employment, and Benefit assistance.
- Sununu Youth Services Center individuals in the program receive assistance with an IDN Case manager to provide Intensive Case Management and access to Substance Use Disorder Supports and Mental Health Services.
- Perinatal Addiction Treatment services are embedded into Obstetrics and Gynecology practices as well as Mobile Medication Assisted Treatment services.

- Enhanced Care Coordination is provided by 3 Enhanced Care Coordinators trained to deliver NH Wraparound and RENEW (Rehabilitation for Empowerment, Natural Supports, Education and Work) to:
  - Children 0-5 who are born substance exposed or whose birth mother is receiving perinatal addiction treatment or who has a diagnosable serious emotional disturbance
  - Children/Adolescents 6-14 with a diagnosable serious emotional disturbance
  - Adolescents/Young Adults 15-22 with Serious Emotional Disorder or Serious Mental Illness
- **Health Information Technology**
  - Contracted with Collective Medical Technologies for a Shared Care Plan Platform and Event Notification System
  - Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services
  - Implementing access to Kno2 to provide Direct Secure Message Exchange
- **Workforce Expansion Efforts**
  - Conducted a market analysis of the pay scale. As a result, Riverbend gave its employees two cost of living adjustments in 2017 and two bonuses which amounted to around \$750,000
  - The Policy Subcommittee has made a request for legislative changes to:
    - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
    - SB 580 – Support B-State’s efforts to increase State Loan Repayment Funding
    - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2

## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

### Project B1: Integrated Healthcare:

- **Lamprey Health Care and Greater Nashua Mental Health Center** has developed a co-located project through a new facility to combine Primary Care and Mental Health Services.

**Project C1: Care Transitions:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community.

- **Greater Nashua Mental Health Center** is working with NH Hospital and Southern NH Medical Center to implement the Critical Time Intervention transition assistance program by housing Substance Use Disorder Transitional Care Case Managers in the Emergency Departments of the IDN Hospitals.

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- **Harbor Homes and Keystone Hall** has enhanced the Adult Medical Detox program.
- Project IMPACT (Integrated Middle School Project Achieving Collaboration Together) on-boarded 3 Master's Level Student Assistance Counselors.
- **The Emmaus Institute** will provide Pastoral Care Specialists to offer supports to individuals struggling with Substance Use Disorders at the Revive Recovery Peer Support Center.
- **Youth Council** received funding to support 1 master's level Student Assistance Councilor to be located in the Nashua middle schools.
- **Southern NH Medical Center** has embedded Substance Use Disorder Transitional Care Case Managers in the emergency departments.

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual's functional status, increase that individual's capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

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- The Integrated Dual Diagnosis Treatment (IDDT) team staff currently includes the Team Lead, SUD Therapist, Mental Health Therapist, and two Case Managers.

**IDN 3 FUNDING SCHEDULE**

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 2,663,764	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *698,985	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 1,746,054	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 725,654 \$ *360,195	Partial Payment received. *Balance can be reclaimed in next 2 subsequent reporting periods if IDN can demonstrate they achieve the original process metric target. 70% Process payment paid in May 2018(\$725,654) Performance Payment made in August 2018 (\$349,211) Set aside funds totaling \$310,995 to be paid when funds are available
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$	Payment amount pending available funds from County disbursement
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 1,746,054	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 1,746,054	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 1,810,723	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 1,810,723	

\*Payment 2 - 2016 was originally expected to be \$847,272 but due to DSHP spending IDN's received 84% of the maximum funding this period

## IDN 3 Project Updates

- **Number of participating providers**
  - Approximately 51 providers, 36 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 14.5 Full Time Equivalent staff have been hired.
- **Programs that have specifically been expanded or enhanced**
  - Project IMPACT (Integrated Middle School Project Achieving Collaboration Together) on-boarded 3 Master's Level Student Assistance Counselors.
  - The Emmaus Institute will provide Pastoral Care Specialists to offer supports to individuals struggling with Substance Use Disorders at the Revive Recovery Peer Support Center.
  - Ascentria Care Alliance has received funding to provide Community Health Workers to assist up to 30 refugees in accessing and navigating health and social services systems.
  - Youth Council received funding to support 1 master's level Student Assistance Councilor to be located in the Nashua middle schools.
  - The Adult Medical Detox program through Harbor Homes and Keystone Hall has been enhanced.
- **Programs that have been stood up**
  - Lamprey Health Care and Greater Nashua Mental Health Center co-located project through a new facility to combine Primary Care and Mental Health Services.
  - Greater Nashua Mental Health Center is working with NH Hospital and Southern NH Medical Center to implement the Critical Time Intervention transition assistance program by housing Substance Use Disorder Transitional Care Case Managers in the Emergency Departments of the IDN Hospitals.
- **Health Information Technology**
  - Contracted with Collective Medical Technologies for a Shared Care Plan Platform and Event Notification System
  - Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services
  - Implementing access to Kno2 to provide Direct Secure Message Exchange
  - Implementing Par8o to support Closed Loop Referrals
- **Workforce Expansion Efforts**
  - The Policy Subcommittee has made a request for legislative changes to:
    - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
    - SB 580 – Support B-State's efforts to increase State Loan Repayment Funding
    - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2
  - Conducted a Career Fair in September
  - Allocated funds to support internships



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- Allocated funds to offset additional supervision and clinical time to expand the pool of qualified Master's Level Behavioral Health Clinicians

## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

### Project B1: Integrated Healthcare:

- **The Mental Health Center of Greater Manchester, Center for Life Management, and Families in Transition** is implementing the Integrated Treatment of Co-Occurring Disorders project to focus on individuals with dual diagnosis disorders.
- **Manchester Community Health Center** is imbedding Integrated Behavioral Health Counselors into Primary Care Offices.
- **Mental Health Center of Greater Manchester** is implementing the Intensive Transition Team model to address social determinates for individuals entering the Emergency Departments.
- **Dartmouth Hitchcock** is integrating Behavioral Health Services into its Primary Care offices.
- **Catholic Medical Center** is implementing Integrated Patient Liaisons to assist the Primary Care offices and embedding Behavioral Health Therapists into the Primary Care offices.

**Project C1: Care Transitions:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community.

- **Mental Health Center of Greater Manchester:** Implement the Critical Time Intervention Program will serve up to 333 individuals transitioning from inpatient settings or frequent emergency department visits, release from correctional settings, or transition from youth behavioral healthcare delivery system to adult behavioral health care system to include New Hampshire Hospital.

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- **Elliot Health Systems** is implementing a Co-located Partial Hospitalization/Intensive Outpatient Program for individuals with co-occurring conditions which includes the expansion of the Drug Court Program.
- **Elliot Primary Care Offices** is expanding Medication Assisted Treatment services currently in various practices.
- **Elliot Emergency Department** is imbedding Licensed Alcohol and Drug Counselors (LADC) to provide evaluations and instituting harm reduction strategies
- **Families in Transition** has received funding to support the residential services at Tirrell House and Lin's Place
- **Granite Pathways** has received funding to support the Regional Access Point for Greater Manchester.

**SECTION 1115 QUARTERLY REPORT**

- **Healthcare for the Homeless** is implementing a Medication Assisted Treatment Program.
- **Manchester Community Health Center** is enhancing their Medication Assisted Treatment Program as well as implanting the IMPACT model.
- 

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual's functional status, increase that individual's capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

- **Mental Health Center of Greater Manchester, Center for Life Management, and Catholic Medical Center Behavioral Health** are working in coordination to provide subject matter experts in dual diagnosis capability assessments and integrated treatment of co-occurring disorders referred to as the Dual Diagnosis Capability Assessor Team.
- **Families in Transition** is working to provide a Dual Diagnosis Capability Quality Improvement Plan which identified eight areas of focus for work to improve the delivery of services to patients with co-occurring disorders.

**IDN 4 FUNDING SCHEDULE**

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 3,835,708	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *1,381,183	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 3,450,177	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 3,450,177	Full payment approved pending receipt of CPE funding
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$ 3,450,177	
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 3,450,177	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 3,450,177	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 3,450,177	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 3,577,961	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 3,577,961	
		<b>\$ 33,073,872</b>	

\*Payment 2 - 2016 was originally expected to be \$1,628,567 but due to DSHP spending IDN's received 84% of the maximum funding this period

## IDN 4 Project Updates

- **Number of participating providers**
  - Approximately 43 providers; 36 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 15 Full Time Equivalent positions have been filled.
- **Programs that have specifically been expanded or enhanced**
  - Additional funding has been provided to Healthcare for the Homeless to assist in implementation of their Medication Assisted Treatment program.
  - Manchester Community Health Center has received funding to enhance their Medication Assisted Treatment program as well as the implementation of the IMPACT model.
  - Manchester Community Health Center is embedding Integrated Behavioral Health Counselors into Primary Care Offices.
  - Mental Health Center of Greater Manchester is implementing the Intensive Transition Team model to address social determinates for individuals entering the Emergency Departments.
  - Dartmouth Hitchcock is integrating Behavioral Health services into its Primary Care offices.
  - CMC is implementing Integrated Patient Liaisons to assist the Primary Care offices and embedding Behavioral Health Therapists into the Primary Care offices.
  - Elliot Health Systems has incorporated a Co-occurring Partial Hospitalization Program and assumed management of the Hillsborough County North Drug Court.
  - Families in Transition (FIT) has received funding to support residential services provided at Tirrell House and Lin's Place.
  - Granite Pathways has received funding to support the Regional Access Point for the Greater Manchester.
- **Programs that have been stood up**
  - Makin It Happen, through co-sponsorship from the IDN, provided an education series designed to provide information about the addiction epidemic to the general public through Empower You Learning Series.
  - Catholic Medical Center co-sponsored with the IDN for the Annual Summit on Treatment of Opioid-Dependent Patients and Pain.
  - The IDNs Executive Director has been appointed to the Mayor's Opioid Advisory Council of Manchester.
  - Mental Health Center of Greater Manchester has implemented the Critical Time Intervention Program.
  - In coordination with Mental Health Center of Greater Manchester, Center for Life Management, and Families in Transition implementation of the Integrated Treatment of Co-occurring Disorders project to assist individuals with dual-diagnosis has begun.

○ **Workforce Education, Training, and Retention Efforts**

- Partnering with local colleges to develop a scholarship program for employees of partners to utilize toward education in Behavioral Health -oriented degree programs.
- Partnering with an online tool to provide participating provider employees with funds that will go directly towards paying down student loans to enhance retention.
- Partnering with local colleges to offer management training to front-line managers to increase their management skills to enhance retention.
- Partnering with Community College System of NH to demonstrate models of apprenticeship to create apprenticeships for Behavioral Health -oriented positions.
- Partnering with University of NH to promote internship opportunities for their Health Resources & Services Administration (HRSA) funded Master Social Work program.
- Partnering with University of NH to offer materials and workshops on utilizing Occupation Therapists as a Behavioral HealthCare Enhancer in integrated Primary Care settings.
- Partnering with Westfield State University to offer materials and workshops on utilizing Physician Assistants as a Behavioral HealthCare enhancer in integrated Primary Care settings.
- Sponsored the Bi State Recruitment and Retention Conference.
- Partnered with the public workforce system, including Manchester's One Stop Career Center, NH Works and the Office for Unemployment to provide industry briefings on Behavioral HealthCare jobs.
- The IDN actively participates in: Healthcare Sector Workforce Stakeholder Group, the Legislative Commission on Primary Care Workforce Issues, and the New Hampshire Children's Behavioral Health Workforce Development Network.
- Partnering with the Red Cross and the International Institute to develop a Licensed Nursing Assistant course for refugees to include Mental Health First Aid training.
- The Policy Subcommittee has made a request for legislative changes to:
  - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
  - SB 580 – Support B-State's efforts to increase State Loan Repayment Funding
  - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2

○ **Health Information Technology**

- Contracted with Collective Medical Technologies for a Shared Care Plan Platform and Event Notification System
- Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services
- Implementing access to Kno2 to provide Direct Secure Message Exchange

## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

### Project B1: Integrated Healthcare

- Hiring a Practice Transformation Specialist to assist practice sites in moving along the Coordinated Care or Integrated Care continuum based on the SAMHSA guideline.
- Developed an inter-agency Care Coordination team for the Franklin, Laconia and Plymouth areas to assist with individuals designated as high-utilizers of the Emergency Department to comprehensively wrap all necessary services around the patient. Partners include:
  - LRGH/Franklin Hospital
  - ServiceLink, Belknap County
  - HealthFirst
  - Genesis
  - Laconia Police
  - Laconia Fire
  - Horizons Counseling
  - Riverbend Community Mental Health
  - LRCS
  - Lakes Region VNA
  - NAMI NH
  - Franklin VNA
  - Speare Memorial Hospital
  - Mid-State Health Center
  - Speare Primary Care
  - Pemi-Baker Home Health
  - NANA
  - ServiceLink Grafton County

**Project C2: Community Re-entry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues:** Research indicates that significant numbers of adults in correctional facilities and youth in juvenile justice residential facilities have diagnosed and undiagnosed mental illness and/or substance use disorders. Community re-entry is a time-limited program to assist those individuals with behavioral health conditions to safely transition back into community life. The program is initiated pre-discharge and continues for 12 months post discharge. The program's objectives are to: 1. Support adults and youth leaving the state prison, county facilities or juvenile justice residential facilities who have behavioral health issues (mental health and/or substance misuse or substance use disorders) in maintaining their health and recovery as they return to the community. 2. Prevent unnecessary hospitalizations and ED usage among these individuals by connecting them with integrated primary and behavioral health services, care coordination and social and family supports.

- **Belknap County Department of Corrections:** Implemented the Supportive Community Re-Entry Program designed to assist youth and adults transitioning from correctional facilities to community based services through Continuing Care Coordination and Transitional Supportive Case Management with assistance from Horizons Counseling Center.
- **Horizons Counseling Center:** Is providing staff to assist in implementing the CORE Program within the Department of Corrections.
- **Family Resource Center, Step Ahead Program:** Is offering support through their 14-week Sober Parenting Journey Class.

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- **Horizons Counseling Center:** Embedding recovery coaches from Navigating Recovery of the Lakes Region.
- **Horizons Counseling Center:** Expanded the Intensive Outpatient Program Services through additional staff and extended hours of services
- **Horizons Counseling Center:** Expanded Intensive Outpatient Programs to include Medication Assisted Treatment services.
- **HealthFirst:** Is providing Master's Licensed Alcohol and Drug Counselor (MLADC) supervision to increase the ability to offer outpatient Substance Use Disorder Counseling and Integrated Medication Assisted Treatment.
- **Horizons Counseling Center and Genesis Behavioral Health:** Are collaborating to provide supervision and peer collaboration for Mental Health Counselors to prepare them to become Substance Use Disorder Providers.

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual's functional status, increase that individual's capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

- **Horizons Counseling Center and Genesis Behavioral Health:** Are working together for the coordination of services to address individuals with Co-Occurring Disorders.
- **Community Care Team:** Works in collaboration and continuous partnership with high-utilizers of the Emergency Departments with a focus on Behavioral Health or Substance Use Disorder diagnosis.
- **Pemi-Baker Community Health:** Developed the Plymouth Area Resource Guide for the Plymouth Area Transitions Team which includes a comprehensive list of resources for case management and listings of other direct providers linking patients to housing, food banks, churches, and substance use disorder services.

## IDN 5 FUNDING SCHEDULE

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 2,293,487	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *495,603	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 1,238,010	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 693,285 \$ 247,602	70% Process payment paid in May 2018(\$693,285) Performance Payment made in August 2018 (\$247,602) Set aside funds totaling \$297,122 to be paid when funds are available
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$	Payment amount pending available funds from County disbursement
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 1,238,010	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 1,238,010	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 1,238,010	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 1,283,862	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 1,283,862	

\*Payment 2 - 2016 was originally expected to be \$600,420 but due to DSHP spending IDN's received 84% of the maximum funding this period



## IDN 5 Project Updates

- **Number of participating providers**
  - Approximately 33 providers; 23 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 14 Full Time Equivalent positions have been filled.
- **Programs that have specifically been expanded or enhanced**
  - The Supportive Community Re-Entry Program designed to assist youth and adults transitioning from correctional facilities to community based services through Continuing Care Coordination and Transitional Supportive Case Management with assistance from Horizons Counseling Center and Belknap Department of Corrections has begun.
  - The Intensive Outpatient Program services at Horizons Counseling Center has been expanded through the addition staff and extended hours of service.
  - Horizons Counseling Center is embedding recovery coaches from Navigating Recovery of the Lakes Region.
  - To address individuals with Co-Occurring Disorders, Horizons Counseling Center and Genesis Behavioral Health have begun working together for the coordination of services.
  - Intensive Outpatient Program services have been expanded to include access to Medication Assisted Treatment.
  - Access to Outpatient Counseling is being expanded through ongoing support in recruitment and retention efforts.
  - HealthFirst is receiving Master's Licensed Alcohol and Drug Counselor (MLADC) supervision to increase the ability to offer outpatient Substance Use Disorder Counseling and Integrated Medication Assisted Treatment.
- **Programs that have been added**
  - Horizons Counseling and Genesis Behavioral Health are collaborating to provide supervision and peer collaboration for Mental Health counselors to prepare to become Substance Use Disorder providers.
  - An inter-agency Care Coordination team for the Franklin, Laconia and Plymouth areas is being implemented to assist with individuals designated as high-utilizers of the Emergency Department to comprehensively wrap all necessary services around the patient. Partners involved include:
    - LRGH/Franklin Hospital
    - ServiceLink, Belknap County
    - HealthFirst
    - Genesis
    - Laconia Police
    - Laconia Fire
    - Horizons Counseling
    - Riverbend Community Mental Health

- LRCS
  - Lakes Region VNA
  - NAMI NH
  - Franklin VNA
  - Speare Memorial Hospital
  - Mid-State Health Center
  - Speare Primary Care
  - Pemi-Baker Home Health
  - NANA
  - ServiceLink Grafton County
- **Workforce Education, Training, and Retention Efforts**
- Implemented an Employee Retention Incentive Plan
  - The Policy Subcommittee has made a request for legislative changes to:
    - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
    - SB 580 – Support B-State’s efforts to increase State Loan Repayment Funding
    - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2
- **Health Information Technology**
- Contracted with Collective Medical Technologies for a Shared Care Plan Platform and Event Notification System
  - Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services
  - Implementing access to Kno2 to provide Direct Secure Message Exchange
  - Implementing Par8o to support Closed Loop Referrals

## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation
- Contract signed for AllScripts Care Manager, implementation has begun

### Project B1: Integrated Healthcare:

- **Frisbie Hospital, Community Partners, Wentworth Douglas Hospital, Seacoast Community Mental Health and Lamprey Health Care:** are developing their Practice Integration Implementation Plan
- **Lamprey Healthcare** is developing a Medication Assisted Treatment Program
- **Seacoast Mental Health Center** is expanding the Exeter property to embed Primary Care services within the facility
- **Wentworth Douglas Primary Care Practice** are embedding Behavioral Health Services which will be replicated in each practice location
- **Frisbie Pediatrics** is embedding a behavioral health care coordinator to include tele-psychiatry through Dartmouth Hitchcock
- **Community Partners** is embedding primary care services
- **Goodwin Community Health** is co-locating primary care services within Southeastern NH Services Substance Use Disorder Treatment facility
- **Exeter Core Pediatrics** is engaging with integrated care

**Project C1: Care Transitions:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community.

- **Rochester Emergency Warming Shelter:** The Care Transitions team assisted in supporting this effort.
- Training of new staff has been completed
- 90 plus connections with 60 active cases, 20 of which are in the CTI protocol

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- Developed the first syringe services program in NH.
- Contracting with Molly Rossignol, MD to provide Withdrawal Management trainings to interested providers.
- **Southeastern NH Services** is engaging in Ambulatory Outpatient Detox treatment
- **Wentworth Douglas Emergency Department** is providing medication management services and Withdrawal Management training services
- **Frisbie Hospital** is providing a navigator for the Substance Use Disorder treatment services and developing transition treatment plans

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual's functional status, increase that individual's capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

- Hiring and training of the Enhanced Care Coordinators has begun.
- Focusing on Transitioned aged youth to assist in navigating services with a focus on Behavioral Health and Substance Treatment services
- Care Coordinators located at Seacoast Mental Health to coordinate services in coordination with Core Pediatrics, SAU 16, One Sky, Child and Family Services, Seacoast Youth Center and DCYF

#### **IDN 6 FUNDING SCHEDULE**

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 3,082,776	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *923,828	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 2,307,711	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 962,113 \$ 461,542	Partial Payment received. *Balance can be reclaimed in next 2 subsequent reporting periods if IDN can demonstrate they achieve the original process metric target 70% Process payment paid in May 2018(\$962,113) Performance Payment made in August 2018 (\$461,542) Set aside funds totaling \$412,334 to be paid when funds are available
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$	Payment amount pending available funds from County disbursement
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 2,307,711	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 2,307,711	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 2,307,711	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 2,393,182	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 2,393,182	

\*Payment 2 - 2016 was originally expected to be \$1,126,613 but due to DSHP spending IDN's received 84% of the maximum funding this period

## IDN 6 Project Updates

- **Number of participating providers**
  - Approximately 28 providers; 13 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 3.5 Full Time Equivalent positions have been filled.
- **Programs that have been stood up**
  - The implementation of the Rochester Emergency Warming Shelter was supported.
  - The development of the first syringe services program in NH was supported.
  - Implemented the Critical Time Intervention Program to assist complex individuals with transitioning back to the community.
- **Workforce Education, Training, and Retention Efforts**
  - Implemented an Employee Retention Incentive Plan.
  - The Policy Subcommittee has made a request for legislative changes to:
    - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
    - SB 580 – Support B-State’s efforts to increase State Loan Repayment Funding
    - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2
- **Health Information Technology**
  - Contracted with AllScripts for a Shared Care Plan Platform and Event Notification System
  - Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services

## Project Descriptions

### Project A2: HIT

- Implementation of Shared Care plan, Secure Message Exchange and Event Notification
- Contract signed and files being submitted to Mass E Health Collaborative for data aggregation

### Project B1: Integrated Healthcare:

- Using a three-pronged approach to help transform the delivery of behavioral health care in the region:
  - Adequately train the workforce to meet SAMHSA's 9 Core Competencies, by designing a comprehensive training plan;
  - Follow a continuum of care model which addresses prevention, early intervention, treatment and recovery support services;
  - Focus on transitional services.
- Develop a Region 7 Core Competency Integration Toolkit to help practices advance along the continuum of integrated healthcare.
- **Ammonoosuc Community Health Services** is collaborating with Lakes Region Hospital to provide services to individuals with Behavioral Health conditions seen in the Emergency Room.
- Supported the Substance Misuse Prevention Program's Music Festival in Bath, NH.
- **Northern Human Services** is partnering with Coos County Family Health Services to create a primary care office within the Berlin location of Northern Human Services.
- **Memorial Hospital, Saco River Medical Group, Children's Unlimited and Visiting Nurse Home Care and Hospice** was awarded funds to create a workforce to enhance care coordination to increase the number of Medication Assisted Treatment providers, improve behavioral health access and address community outreach and education.
- **North Country Healthcare** received funding to support the development of a regional call center and a cloud based schedule of health care resources.
- **Weeks Medical Center** received funding to enhance care coordination among IDN partners.
- **Huggins Hospital** is integrating behavioral health services into their primary care practices.
- **Weeks Medical Center and Coos County Family Health Services** are coordinating with the Ways2Wellness CONNECT Program to improve quality and health care delivery in the North Country through Community Health Worker interactions.

**Project C1: Care Transitions:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' (CTI) approach to providing care at staged levels of intensity to support patients with serious mental illness during transitions from the hospital setting to the community.

- **Tri-County Community Action Program in coordination with Carroll County Corrections** is implementing the Critical Time Intervention program.
- **Carroll County Department of Corrections** is using the CTI model to improve transitional services for offenders as they reenter their communities

- **Carroll County Department of Corrections** through a partnership with Northern Human Services is hiring a Mental Health/Substance Abuse Clinician and has referred 18 individuals to residential and/or intensive outpatient treatment programs.
- **Tri-County Community Action Program** is using the CTI Intervention Model for their Homeless Intervention/Prevention Programs in a new location within Mt. Eustis Commons.

**Project D3: Expansion in Intensive SUD Treatment Options:** Expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.

- **White Mountain Community Health Center** received funding to enhance Medication Assisted Treatment.
- **Whitehorse Addiction Center** received funding to enhance staffing needs.
- **Ammonoosuc Community Health Services** received funding to expand capacity to address Substance Use Disorder services.
- **Ammonoosuc Community Health Services** received funding to embed a Psychiatric Nurse Practitioner and Physician Assistant at Friendship House.
- **The Friendship House, an organization of North Country Health Consortium** is a new 28-bed residential facility and 4-bed detox facility is being implemented in Bethlehem,
- **Endeavor House**, a female sober transitional living house with 9 beds is being implemented.
- **Coos County Family Health Services** developed a new Medication Assisted Treatment Program in collaboration with Androscoggin Valley Hospital.
- **Memorial Hospital's Rural Health Center** is expanding the New Life program for pregnant and post-partum women with Substance Use Disorders.
- A Peer Recovery Coach infrastructure is being developed in the Region.

**Project E5: Enhanced Care Coordination for High Need Populations:** Developing comprehensive care coordination/management services for high need adult and child populations with multiple physical health and behavioral health chronic conditions. These services are intended to maintain or improve an individual's functional status, increase that individual's capacity to self-manage their condition, eliminate unnecessary clinical testing, address the social determinants creating barriers to health improvement, and reduce the need for acute care services.

- **Ammonoosuc Community Health Services** received funding to prescribe for clients with dual diagnoses and address screening and treatment of chronic disease at Haverhill Cooperative Middle School.
- **Weeks Medical Center and Coos County Family Health Services** are participating in the Ways2Wellness CONNECT Program designed to incorporate Community Health Workers into care coordination teams to improve quality and health care delivery in the North Country for patients with chronic diseases.
- **Memorial Hospital, Saco River Medical Group, Children's Unlimited and Visiting Nurse Home Care and Hospice** will collaborate with other partners in Carroll County to create a workforce which will address complex behavioral health and substance use in the region, enhance care coordination by adding staff capacity at partner organizations, increase the number of Medication Assisted Treatment providers, improve behavioral health access and address community outreach and education.

- **Androscoggin Valley Hospital, Littleton Regional Healthcare, North Country Home Health & Hospice, Upper Connecticut Valley Hospital and Weeks Medical Center** are developing a regional call center and a cloud-based schedule of health care resources through a universally accessible directory and on-call schedule of providers and clinical staff as well as other supportive health care resources available at any facility.
- **Weeks Medical Center** has restructured the care coordination department by consolidating inpatient care management and outpatient care management to strengthen their care coordination efforts, avoid duplicative care management services, and promote a more cost-effective method of care management.



## IDN 7 FUNDING SCHEDULE

<b>Payment 1 2016</b>	<b>Proj Design/Capacity Building Funds</b>	\$ 2,412,615	Full payment received
<b>Payment 2 2016</b>	<b>Project Plan Approval</b>	\$ *555,807	84% of payment received due to DSHP spend below target
<b>Payment 1 2017</b>	<b>Jan-June 2017</b>	\$ 1,388,399	Full payment received
<b>Payment 2 2017</b>	<b>July-Dec 2017</b>	\$ 333,216 \$ 277,680	70% Process payment paid in May 2018(\$333,216) Performance Payment made in August 2018 (\$277,680) Set aside funds totaling \$333,216 to be paid when funds are available
<b>Payment 1 2018</b>	<b>Jan-June 2018</b>	\$	Payment amount pending available funds from County disbursement
<b>Payment 2 2018</b>	<b>July-Dec 2018</b>	\$ 1,388,399	
<b>Payment 1 2019</b>	<b>Jan-June 2019</b>	\$ 1,388,399	
<b>Payment 2 2019</b>	<b>July-Dec 2019</b>	\$ 1,388,399	
<b>Payment 1 2020</b>	<b>Jan-June 2020</b>	\$ 1,439,821	
<b>Payment 2 2020</b>	<b>July-Dec 2020</b>	\$ 1,439,821	

\*Payment 2 - 2016 was originally expected to be \$679,839 but due to DSHP spending IDN's received 84% of the maximum funding this period

## IDN 7

- **Number of participating providers**
  - Approximately 22 providers; 20 of which are Primary Care or Behavioral Health/Substance Use Disorder providers moving to Coordinated Care Practice Designation.
- **Number of staff hired**
  - 66 Full Time Equivalent positions have been filled.
- **Programs that have specifically been expanded or enhanced**
  - White Mountain Community Health Center received funding to enhance Medication Assisted Treatment.
  - Whitehorse Addiction Center received funding to enhance staffing needs.
  - Ammonoosuc Community Health Services received funding to expand capacity to address Substance Use Disorder services.
  - Ammonoosuc Community Health Services is collaborating with Lakes Region Hospital to provide services to individuals with Behavioral Health conditions seen in the Emergency Room.
  - Supported the Substance Misuse Prevention Program's Music Festival in Bath, NH.
- **Programs that have been stood up**
  - The Critical Time Intervention program is being implemented through the Tri-County Community Action Program in coordination with Carroll County Corrections.
  - Northern Human Services is partnering with Coos County Family Health Services to create a primary care office within the Berlin location of Northern Human Services.
  - Memorial Hospital, Saco River Medical Group, Children's Unlimited and Visiting Nurse Home Care and Hospice was awarded funds to create a workforce to enhance care coordination to increase the number of Medication Assisted Treatment providers, improve behavioral health access and address community outreach and education.
  - North Country Healthcare received funding to support the development of a regional call center and a cloud based schedule of health care resources.
  - Weeks Medical Center received funding to enhance care coordination among IDN partners.
  - Ammonoosuc Community Health Services received funding to prescribe for clients with dual diagnoses and address screening and treatment of chronic disease at Haverhill Cooperative Middle School.
  - Ammonoosuc Community Health Services received funding to embed a Psychiatric Nurse Practitioner and Physician Assistant at Friendship House.
  - A 28-bed residential facility and 4-bed detox facility is being implemented in Bethlehem, The Friendship House, an organization of North Country Health Consortium.
  - Endeavor House, a female sober transitional living house with 9 beds is being implemented.
  - Coos County Family Health Services developed a new Medication Assisted Treatment Program in collaboration with Androscoggin Valley Hospital.
  - Memorial Hospital's Rural Health Center is expanding the New Life program for pregnant and post-partum women with Substance Use Disorders.

- Huggins Hospital is integrating behavioral health services into their primary care practices.
- Weeks Medical Center and Coos County Family Health Services are coordinating with the Ways2Wellness CONNECT Program to improve quality and health care delivery in the North Country through Community Health Worker interactions.
- A Peer Recovery Coach infrastructure is being developed in the Region.
- **Workforce Education, Training, and Retention Efforts**
  - Developed a Grow Our Own Mental Health Providers Program to support individuals interested in advancing their education in mental health.
  - Partnering with Plymouth State University, Springfield College, White Mountains Community College and Granite State College to develop learning objective and curriculum content to enhance access to additional mental health advancement opportunities.
  - Expanding the Statewide Loan Repayment Program to incentivize mental health and Substance Use Disorder Professionals
  - The Policy Subcommittee has made a request for legislative changes to:
    - SB-487 – Amend licensure statutes to reduce restrictions on supervision to allow providers of different disciplines to supervise
    - SB 580 – Support B-State’s efforts to increase State Loan Repayment Funding
    - RSA 330-A:32 Board of Mental Health Practice – Amend Privileged Communications to allow disclosure as set forth in federal law – HIPAA and 42CFR Part 2
- **Health Information Technology**
  - Contracted with Collective Medical Technologies for a Shared Care Plan Platform and Event Notification System
  - Contracted with Massachusetts eHealth Collaborative for Data Aggregation Services
  - Implementing access to Kno2 to provide Direct Secure Message Exchange

**2: Any changes, issues or anticipated changes in population attributed to the IDNs, including changes to attribution methodologies.**

IDNs report minimal changes to their attribution in this reporting period. Monthly enrollment fluctuates in some areas. However, these changes do not impact their implementation process.

**3: Information about each regional IDN, including the number and type of service providers, leader provider and cost-savings realized through IDN development and maturation.**

IDNs have completed their third quarter of the third year of the demonstration. Participating providers are in varying stages of implementation. At this point it is too early to determine cost savings due to the need of onboarding of additional staff and resources. IDNs continue to report the onboarding of new providers with the increase

of approximately 6 new partners across New Hampshire. They are also reporting the closing of practices as well. The number and type of service providers remains approximately the same.

#### **4: Information about the state's Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs.**

Implementation is underway with as IDN's pilot Shared Care Plan, Secure Message Exchange, Event Notification Service and reporting through the Data Aggregator. Multiple hospitals across the regions are live with Event Notification and ADT feeds for the Shared Care Plan. IDNs report that partners are in varying stages of submitting data to the Data Aggregator while some partners are actively using the Shared Care Plan and Event Notification service to improve outcomes in care coordination. Two partners from IDN 1 are actively engaged in the use of the Shared Care Plan for as many as 30 shared clients which is an integral step in the implementation process.

Implementation of the Shared Care Plan and Event Notification System had been slow but time consuming due to the privacy issues surrounding the sharing of information relative to 42CFR Part 2. The development and dissemination of workflows and protocols continues to be refined within the IDN's. Partners are hesitant to incorporate additional technology and alter current processes due to their already overburdened staff and uncertainties regarding sustainability and ongoing funding. Regardless IDN partners continue their commitment to improve health outcomes through whole person, integrated care and have developed "toolkits" which contain sample workflows which partners can adopt or alter to suit their technologies.

#### **5: Information about integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care.**

Integration and Coordination between service partners continues to expand across all regions. As providers work through privacy issues, bi-directional integrated care, behavioral health and SUD services, the sharing of information between partners continues to be impacted.

Four IDNs have co-located primary care within their behavioral health facilities. These IDNs continue to report improvement in care coordination for shared clients who have signed consents for release of information. In addition, these IDNs are seeing a reduction in ED utilization for these clients.

IDN 1 reports that the use of the Shared Care Plan has begun to impact the development of a more comprehensive care plan for these shared clients. The immediate access to a patient's physical and behavioral health will continue to improve the quality of care and provide better health outcomes.

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IDN 2 has integrated IBHCs into their primary care offices. With the integration of behavioral health services into the primary care settings, physicians are seeing a positive impact as patients are able to access behavioral health services in a setting in which they are familiar.

IDN 4 continues to report success of the Critical Time Intervention (CTI) transition program. Clients that have complete the rigorous 9-month person-centered transition process have indicated that the coordination of care and warm hand-off to community providers has set them up for success.

SUD services continues to expand across all regions. IDNs have supported the expansion of facilities, increased staffing capacity, and provide education opportunities. Several IDNs are supporting Primary Care Physicians and APRNs as they go through the waiver process to provide Medication Assisted Treatment within their practices. The IDNs and the Department continue to coordinate efforts to address licensing requirements with legislature through a Statewide Workforce Taskforce Policy Committee. The support of the Department is critical to expanding licensing requirements and reciprocity.

IDNs continue to develop innovative approaches to address the training needs across multiple regions. Several IDNs offer on-line training and CMEs to participating partners. This approach reduces the financial impact to the IDNs. It also reduces the loss of productivity within the practice settings.

Use of the Event Notification is well underway in New Hampshire will real time notification of admission, discharge and transfer events accompanied by the direct and secure messaging of relevant medical information. In addition, use of the electronic shared care plan continues to expand across health care delivery systems including hospitals and primary care offices, as well as behavioral health providers including mental health and substance use providers.

Collective Medical has reported that New Hampshire represents the first state in the nation where Collective Medical has gone live with SUD providers using the shared care plan.

The tables below reflect the progress made in New Hampshire across the 22 Health Care Delivery Systems in the state that are located in IDN regions using Collective Medical.

# CMT Providers Event Notification Service Connectivity Status – November 2018

ENS Participating providers							
Implementation Phase	IDN 1	IDN 2	IDN 3	IDN 4	IDN 5	IDN 7	Total
Hospital Partners Triggering Event Notifications (Contributing ADT)	<ul style="list-style-type: none"> <li>Cheshire Medical Center</li> <li>DH Medical Center</li> <li>Valley Regional Hospital</li> <li>Alice Peck Day</li> </ul>	<ul style="list-style-type: none"> <li>Concord Hospital</li> </ul>	<ul style="list-style-type: none"> <li>SNH</li> </ul>	<ul style="list-style-type: none"> <li>Catholic Medical Center</li> </ul>	<ul style="list-style-type: none"> <li>Franklin Regional</li> <li>Lakes Region</li> <li>Speare Memorial</li> </ul>	<ul style="list-style-type: none"> <li>Adroscoggin Valley Hospital</li> <li>Huggins Hospital</li> <li>Upper Connecticut Valley Hospital</li> <li>Weeks Medical Center</li> </ul>	14
Hospitals Receiving Notification	<ul style="list-style-type: none"> <li>Cheshire Medical Center</li> <li>DH Medical Center</li> <li>Valley Regional Hospital</li> <li>Alice Peck Day</li> </ul>	<ul style="list-style-type: none"> <li>Concord Hospital</li> </ul>	<ul style="list-style-type: none"> <li>SNH</li> </ul>		<ul style="list-style-type: none"> <li>Franklin Regional</li> <li>Lakes Region</li> <li>Speare Memorial</li> </ul>		9
Partners Receiving Event Notifications	<ul style="list-style-type: none"> <li>DH Heater Road Family Care</li> <li>Crotched Mt. CC</li> <li>West Central Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>Riverbend CMHC</li> <li>Concord Regional VNA</li> <li>Crotched Mt. CC</li> </ul>			<ul style="list-style-type: none"> <li>Health First Family Care</li> <li>Lakes Region Mental Health Center (Genesis)</li> <li>Mid-State Health Center</li> <li>Riverbend CMHC</li> </ul>		10

# CMT Providers Shared Care Plan Connectivity Status – November 2018

SCP Participating providers						
Implementation Phase	IDN 1	IDN 2	IDN 3	IDN 4	IDN 5	Total
Partners Connected to SCP	<ul style="list-style-type: none"> <li>•DH Heater Road Family Care</li> <li>•Crotched Mt. CC</li> <li>•West Central Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>•Riverbend CHC</li> <li>•Concord Regional VNA</li> <li>•Crotched Mt. CC</li> </ul>			<ul style="list-style-type: none"> <li>•Health First Family Care</li> <li>•Lakes Region Mental Health Center (Genesis)</li> <li>•Mid-State Health Center</li> <li>•Riverbend CHC</li> </ul>	10
Partners Actively Working with SCP	<ul style="list-style-type: none"> <li>•DH Heater Road Family Care</li> <li>•West Central Behavioral Health</li> </ul>					2
Hospital Partners Connected to SCP	<ul style="list-style-type: none"> <li>•Cheshire Medical Center</li> <li>•DH Medical Center</li> <li>•Valley Regional</li> </ul>	<ul style="list-style-type: none"> <li>•Concord Hospital</li> </ul>	<ul style="list-style-type: none"> <li>•SNH</li> </ul>	<ul style="list-style-type: none"> <li>•Catholic Medical Center</li> </ul>	<ul style="list-style-type: none"> <li>•Franklin Regional</li> <li>•Lakes Region</li> <li>•Speare Memorial</li> </ul>	4
Hospital Partners Actively Working with SCP	<ul style="list-style-type: none"> <li>•DH Medical Center</li> </ul>			<ul style="list-style-type: none"> <li>•Catholic Medical Center</li> </ul>		2

### III. Attribution Counts for Quarter and Year to Date

Please complete the following table that outlines all attribution activity under the demonstration. The state should indicate “N/A” where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by “0”.

Note: Enrollment counts should be unique enrollee counts by each regional IDN, not member months

Source: MMIS enrollment data as of 10/25/2018

IDN	IDN Attributed Population <sup>1</sup>	Newly Enrolled in Current Quarter <sup>2</sup>	Disenrolled in Current Quarter	Current Enrollees: Year to Date <sup>3</sup>
1	28,467	1,776	2,229	28,014
2	18,406	1,332	1,678	18,060
3	24,713	1,855	2,150	24,418
4	47,636	3,187	3,531	47,292
5	16,891	1,241	1,429	16,703
6	31,794	1,949	2,531	31,212
7	18,624	1,170	1,565	18,229
<b>Total</b>	<b>186,531</b>	<b>12,510</b>	<b>15,113</b>	<b>183,928</b>

## Notes:

1. Attributed population includes 165,558 members from the 12/31/2017 Outcome Attribution who were attributed through claims and geography and were Medicaid Eligible on 7/1/2018, and 20,973 members newly enrolled between 1/1/2018 and 7/1/2018 who were attributed through geography only.
2. Newly Enrolled population includes members who were attributed on 12/31/2017, but were not eligible as of 7/1/2018, and became eligible later in the quarter.
3. Current population are members who were Medicaid Eligible on 9/30/2018.

## IV. Outreach/Innovation Activities to Assure Access

Summarize marketing, outreach, or advocacy activities to potential eligible and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles.

IDNs continue to hold All Partner Quarterly and Annual meetings. Additionally, information about the activities and opportunities for partners is disseminated through IDN websites, Social Media Platforms, one-page mailings, newsletters, YouTube videos and email. IDNs continue to engage new partners and engage the community by providing support to multiple community programs which address the social determinates of health. All of these activities are designed to engage partners, potential partner and inform the community. Partners are also provided the opportunity to network at Myers & Stauffer Quarterly Learning Collaborative Meetings. These networking opportunities allow partners who would not normally interact with the ability to develop relationships which will inevitably impact and drive collaboration as they move through the SAMHSA Coordinated/Integrated Care Designation.

IDNs 1, 4, and 6 offered a follow-up 1.5 day Cherokee Integrated Care Training Academy which focused on the integration of Behavioral Health Services within Primary Care Settings. Over 100 partners participated in the training across all three regions. The attendees indicated that hearing success as well as barriers in integrating behavioral health services had a positive impact on their approach to providing care. One individual said "I'm the only IBHC in a



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primary care setting that I know. Hearing how another IBHC is approaching their day makes me feel like I can really do this.” This individual was afforded the opportunity to make connections with other IBHCs she normally wouldn’t have had access to. “Hearing that others are going through the same thing I am makes me feel more at ease. And being able to bounce ideas off each other is invaluable” said another attendee.

## **V. Operational/Policy/Systems/Fiscal Developments/Issues**

A status update that identifies all other significant program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, including but not limited to program development, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

No changes noted. As previously report:

The IDNs continue to formalize operating structures, policy and procedures as well as focusing on data needs for the Shared Care Plan and Data Aggregator. IDNs continue to move forward with contracting for the Shared Care Plan, Secure Message Exchange, Event Notification, and Data Aggregator. Due to the complexity of data sharing, the process of contracting is inevitably impacted by the privacy and security issues regarding data sharing. DHHS, MCOs, and the IDNs have continued bi-weekly data meetings to discuss privacy issues and develop potential plans to move forward.

Concerns about ongoing availability of federal funding are impacted by fiscal and policy issues at the provider, state, and federal level. For example, New Hampshire's pending CPE approval and the December 2017 SMD letter regarding DSHP and DSRIP programs have the understandable impact of provider organizations contemplating their ongoing level of participation in certain projects. Other examples are the viability of providers and programs with limited funding and the impact on the delivery system when they don't succeed. In short, the day to day operational issues, balancing of competing priorities, and the need for adequate funding, do not disappear in a demonstration environment. Rather these issues require a heightened level of awareness within the IDN, a partnership across the provider organizations, recognition by all participants that we need to be adaptable if we want to keep these providers at the table.

## **VI. Financial/Budget Neutrality Development/Issues**

Identify all significant development/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter. Identify the state's actions to address these issues.

NH DHHS continues to work with our local partners to formalize and finalize funding methodology. Review of budget neutrality is anticipated to take place in early 2019. No issues to report at this time.

## **VII. Consumer Issues**

A summary of the types of complaints or problems consumers identified about the program or grievances in the current quarter. Include any trends discovered, the resolution of complaints or grievances, and any actions taken or to be taken to prevent other occurrences.

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There have been no reported consumer issues during this reporting period.

**VIII. Quality Assurance/Monitoring Activity**

Identify any quality assurance/monitoring activity or any other quality of care findings and issues in current quarter.

Oversight committees which monitor progress and outcomes indicate it is too early to determine trends in quality of care. No issues were reported in this quarter.

**IX. Demonstration Evaluation**

Discuss progress of evaluation plan and planning, evaluation activities, and interim findings.

The DSRIP Evaluation Design was approved by CMS in September. A Request for Proposal was released and a vendor was selected to provide quantitative and qualitative measurement, including secondary administrative and electronic health data, stakeholder interviews, and surveys as well as document review. The vendor has begun planning and a Kick off meeting is scheduled in the next quarter.

**X. DSHP and DSRIP Expenditures**

State of NH, DHHS

DSHP earn DSRIP spend

	A	B	C	D	E	F	G	H	I	J
1	Amounts Reported By Quarter On CMS-64 DSHP Waiver Line 49									
2										
3		DSHP Earn				DSRIP Spend				
4	Quarter Ending	Amount - Total Computable	Amount - FFP	Cumulative - FFP		Amount - Total Spent	Amount - FFP	Cumulative - FFP		GF Balance Available
5	3/31/2016	\$0.00	\$0.00	\$0.00		\$0	\$0	\$0		
6	6/30/2016	\$12,361,921.24	\$6,180,960.62	\$6,180,960.62		\$0	\$0	\$0		
7	9/30/2016	\$574,962.71	\$287,481.36	\$6,468,441.98		\$20,040,871.78	\$10,020,435.89	\$10,020,436		
8	12/31/2016	\$3,841,698.34	\$1,920,849.17	\$8,389,291.15		\$171,977.94	\$85,988.97	\$10,106,425		
9	3/31/2017	\$15,998,211.27	\$7,999,105.64	\$16,388,396.78		\$5,493,910.16	\$2,746,955.08	\$12,853,380		
10	6/30/2017	\$6,627,039.19	\$3,313,519.60	\$19,701,916.38		\$604,662.70	\$302,331.35	\$13,155,711		
11	9/30/2017	\$1,963,083.44	\$981,541.72	\$20,683,458.10		\$351,737.03	\$175,868.51	\$13,331,580		
12	12/31/2017	\$2,803,906.49	\$1,401,953.25	\$22,085,411.34		\$13,814,111.29	\$6,907,055.65	\$20,238,635		
13	3/31/2018	\$3,765,738.38	\$1,882,869.19	\$23,968,280.53		\$429,393.57	\$214,696.78	\$20,453,332		
14	6/30/2018	\$4,612,523.86	\$2,306,261.93	\$26,274,542.46		\$7,322,912.53	\$3,661,456.26	\$24,114,788		
15	9/30/2018	\$0.00	\$0.00	\$0.00		1,949,649.45	\$974,824.73	\$25,089,613		\$2,159,754
16	12/31/2018	\$0.00	\$0.00	\$0.00						
17	Total thru 12/31/2018	\$52,549,084.92	\$26,274,542.46	\$150,140,699.32		\$50,179,226.45	\$25,089,613.22	\$149,363,901.19		Matchable
18										
19										
20										
21	Notes:									
22	DSHP has met cap until 1/1/19.									

**XI. State Contacts**

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Identify the individual(s) by name, title, phone, fax, and address that CMS may contact should any questions arise.

PLEASE NOTE:

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Kelley Capuchino	Senior Policy Analyst	603-271-9096		129 Pleasant Street Concord, NH 03301